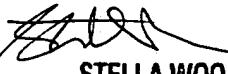


Issue Classification			Application No.		Applicant(s)	
			09/849,775		LEACH, MARK A.	
			Examiner		Art Unit	
			Stella L. Woo		2643	

ISSUE CLASSIFICATION							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
379	106.01	379	106.04	39	40		
INTERNATIONAL CLASSIFICATION							
H	0	4	M	11/00	/	/	/
<hr/> (Assistant Examiner) (Date)				 STELLA WOO PRIMARY EXAMINER (Primary Examiner) (Date)			
 (Legal Instruments Examiner) (Date)				Total Claims Allowed: 145			
				O.G. Print Claim(s)		O.G. Print Fig.	
				1		1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	31	61	91	121	71	151
2	2	32	62	75	92	72	152
3	3	33	63	76	93	73	153
4	4	34	64	77	94	78	154
6	5	35	65	9	95	79	155
7	6	36	66	10	96	80	156
8	7	37	67	11	97	81	157
13	8	38	68	12	98	82	158
14	9	39	69	20	99	83	159
15	10	40	70	21	100	84	160
16	11	41	71	22	101	51	131
17	12	42	72	5	102	52	132
18	13	43	73	23	103	53	133
19	14	44	74	24	104	54	134
	15	45	75	25	105	55	135
	16	46	76	31	106	56	136
	17	47	77	32	107	57	137
	18	48	78	33	108	58	138
	19	49	79	34	109	59	139
	20	50	80	35	110	60	140
	21	51	81	36	111	61	141
	22	52	82	37	112	62	142
	23	53	83	38	113	63	143
	24	54	84	39	114	64	144
	25	55	85	40	115	65	145
	26	56	86	41	116	66	146
	27	57	87	42	117	67	147
74	28	58	88	43	118	68	148
	29	59	89	26	119	69	149
	30	60	90	27	120	70	150

Issue Classification 	Application No.		Applicant(s)	
	09/849,775		LEACH, MARK A.	
	Examiner		Art Unit	
	Stella L. Woo		2643	

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
379	106.01	379	106.04 39 40
INTERNATIONAL CLASSIFICATION			
H	0	4	M
			11/00
			/
			/
			/
			/
(Assistant Examiner) (Date)		 STELLA WOO PRIMARY EXAMINER	
(Legal Instruments Examiner) (Date)		(Primary Examiner)	(Date)
Total Claims Allowed: 145			
		O.G. Print Claim(s)	O.G. Print Fig.
		1	1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
135	211	241	271	301	331	361	391
136	212	242	272	302	332	362	392
137	213	243	273	303	333	363	393
138	214	244	274	304	334	364	394
139	215	245	275	305	335	365	395
140	216	246	276	306	336	366	396
141	217	247	277	307	337	367	397
142	218	248	278	308	338	368	398
143	219	249	279	309	339	369	399
144	220	250	280	310	340	370	400
145	221	251	281	311	341	371	401
222		252	282	312	342	372	402
223		253	283	313	343	373	403
224		254	284	314	344	374	404
225		255	285	315	345	375	405
226		256	286	316	346	376	406
227		257	287	317	347	377	407
228		258	288	318	348	378	408
229		259	289	319	349	379	409
230		260	290	320	350	380	410
231		261	291	321	351	381	411
232		262	292	322	352	382	412
233		263	293	323	353	383	413
234		264	294	324	354	384	414
235		265	295	325	355	385	415
236		266	296	326	356	386	416
237		267	297	327	357	387	417
238		268	298	328	358	388	418
239		269	299	329	359	389	419
240		270	300	330	360	390	420